

**1. Page** \_\_\_\_\_ **of** \_\_\_\_\_

**swalker@ishs.state.id.us** (e-mail)

## TRANSFER OF RECORDS TO STATE ARCHIVES

2. STATE AGENCY/LOCAL GOVERNMENT NAME				<b>Please Type or Print</b>  Please attach sheets containing additional information about the folder contents of each box. Please list sequential box number, folder number and/or title, inclusive date span. Transfer only inactive records that have a permanent retention and are not of the current year.		<b>STATE ARCHIVES USE ONLY</b>			
OFFICE/DEPARTMENT NAME & ADDRESS (please include building, street address, city zip code)		3. ARCHIVES CODE (State Archives Use Only)				BOX COUNT	DATE RECEIVED		
		4. RESTRICTIONS				Received By (Name/Title)			
5. VOLUME / BOX NUMBER		6. DESCRIPTION OF RECORDS SERIES (Type of records in each box)		7. RECORDS ID NO. State Archives Use Only		8. INCLUSIVE YEAR DATES FROM TO		9. LOCATION IN STATE ARCHIVES	
VOLUME IN CUBIC FEET	BOX NUMBER								
10. TRANSFER DATE	11. NAME (Please Print) & SIGNATURE OF PERSON RELEASING RECORD  name _____  signature _____			12. DEPARTMENT CONTACT NAME (PRINT)				SHELVED BY	DATE
								CHECKED BY	DATE
13. TELEPHONE NUMBER				14. EMAIL ADDRESS				How many additional archival boxes are needed??	



STATE of IDAHO  
BOARD of EDUCATION